The *Psychotherapy* of Reflexology

In this article, I would like to explore how the body responds to issues which we haven't been able to resolve and how understanding the way the nervous system holds these issues can help us better serve our clients.

Our stories can remain untold for a number of reasons:

- we may not have anybody to tell
- we may not have anybody who wants to hear
- we may fear that the telling of our story would be too overpowering for us or too difficult for somebody else to bear
- we may not want anybody to know what happened
- we may feel ashamed
- we may not want to be defined by this experience
- we may be scared of the repercussions of telling
- we may not have the words
- we may be the perpetrator

The Vaso-Motoric Cycle

(Emotional self-regulation from Biodynamic Psychotherapy)

The Vaso-Motoric Cycle (VMC) was first introduced by Norwegian Physiotherapist and Psychologist Gerda Boyeson, to describe the body's response to external stimuli. A complete cycle represents a completed experience and once closed, frees the person to move on to the next thing.

The VMC involves a pattern of Stimulus, Charge, Discharge and Recuperation and can be divided into two halves – Reaction and Resolution (Figure one). When something happens to excite, startle or challenge somebody, the alarm response is activated. The person responds with an emotion which leads to a physiological release (for the purposes of this discussion, the stimulus is assumed to be negatively stressful). There follows an urge to take appropriate action, which will then lead to a resolution of the problem. This induces a sense of safety, which (once achieved) initiates parasympathetic nervous responses to halt the release of stress hormones.

Imagine an event in the life of fictitious Jenny to illustrate how the cycle operates in practice.

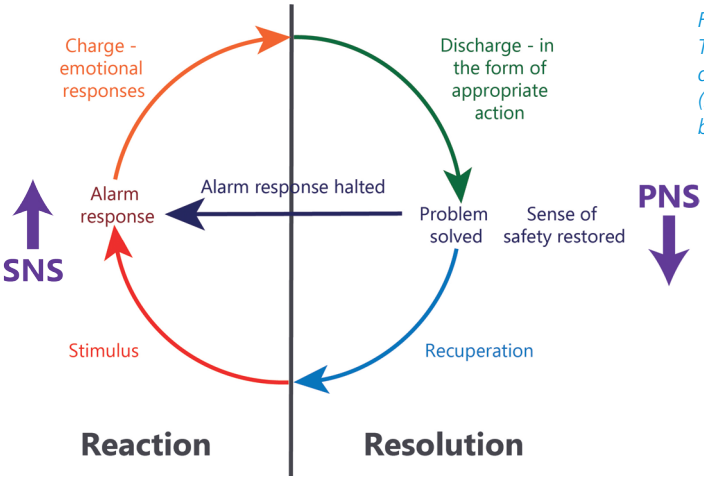

Figure One: The Vaso-motoric Cycle as described by Gerda Boyeson (Based on a depiction by Kathrin Stauffer)

Jenny is doing her homework when she detects a movement (Stimulus). Her body tenses, and she is more alert as she looks around to investigate. She sees a huge spider on the wall, making its way towards her (stimulus continued and alarm response alerted). She experiences mounting terror (emotional response), screams and jumps up (discharge in the form of emotional release and satisfaction of her urge to take appropriate action). Her sister sees the spider and removes it (problem solved). Her mother comes and gives her a hug, and the dog comes and sits by her feet (safety restored).

The alarm response is checked, and even though for a short while she is alert to the possibility of more spiders, the release of stress hormones is halted and the episode is almost forgotten as she resumes her homework (body begins to recuperate).

In real life, however, the problems, solutions and support received are rarely this simplistic. The second example therefore illustrates the workings of the cycle in a more complex situation, where the problem is not resolved and support is not forthcoming - an incident in the life of fictitious twelve year old Julie.

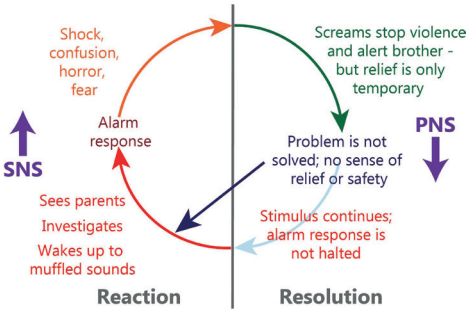

Figure Two: The Vaso-motoric Cycle as Experienced by Julie

Julie is awoken in the early hours of the morning by muffled sounds (Stimulus). She cautiously opens her bedroom door and goes towards her parents' bedroom (looking for support and comfort - parasympathetic nervous system (PNS) ready to kick in). She opens the door and sees her parents fighting (extreme stimulus). Julie freezes in horror (her confounded PNS and alerted sympathetic nervous system (SNS), results in momentary freezing). She gathers herself and screams (emotional release and attempt to stop the violence by drawing attention to her presence). This wakes her elder brother, who stops the fight.

Julie's physiological arousal is still high because although the incident is over, there is a hostile atmosphere in the house; her father looks furious and her mother's face is bruised and swollen. Julie is thoroughly shaken and worries that more violence could erupt at any time. She remains vigilant for any sounds which might indicate fighting. Neither parent explains the incident, nor do they give any assurances that it will not happen again. No attempt is made to comfort her.

Eventually, harmony appears to be restored and her parents behave as if nothing has happened - but for Julie, the experience is still alive. She does not understand how the situation arose, nor how it came to be resolved. Consequently, she does not know if it might happen again. She also wonders what might have happened had she not woken up. She feels that it is her duty to stay vigilant at all times, but especially at night.

There can be many ramifications from experiences such as these which regrettably cannot be explored here. In terms of the VMC, Julie has not arrived at a good and safe enough outcome for the alarm response to be switched off. Her body will remain on red-alert because there has been no communication to the adrenal glands that the crisis is over, and indeed for Julie, both emotionally and therefore physiologically, it is not.

In practical terms, this means that although Julie will grow up and develop her life, this whole scenario is available in her memory to be triggered, and when it is triggered, it will feel so real that to Julie it will seem like yesterday.

In the Treatment Room

A client such as Julie is unlikely to present with a list of unresolved issues dating back to her childhood. More likely she will complain of feeling tired or of having symptoms/ a condition which worsens when she is stressed. She may tell you she's a bit busy, but that it is nothing in her daily life that she can't handle.

You decide to give her a nice calming treatment. As she begins to relax, she may respond in a number of ways:

1. Chat happily about daily events - but not relax or engage with the treatment
2. Go immediately into a very deep sleep
3. Cry - without being able to tell you why
4. Start remembering her childhood

Why is this?

Chatting Happily

The question to ask is, if a client comes for relaxation, why are they not relaxing?

- Is it that they can't relax?
- How do they sleep?
- What would happen if they did relax?

Muscle Tension

General wisdom regards excessive muscle tension as something which needs to be relieved.

However, it can play a role in helping a client to contain their experiences. There is a small body of research which indicates that relaxation can increase anxiety in some people. It seems that the relaxation of muscles following calming activities can sometimes result in a lowering of defences which have been suppressing the trauma. This can then result in autonomic hyperarousal, sometimes leading to overwhelm.

The body is very good at keeping us safe and we have built our defences for a reason. In psychotherapy, we would look at what those reasons are and explore whether a client's defences are still helping them or are now hindering them, and whether there might be more helpful strategies they could employ.

However, this client has come for reflexology, not in-depth analysis - so, what can you do?

The key is to help your client feel safe, and being forewarned is being forearmed. Perhaps include some questions about fear in your case history. Have they ever been seriously frightened? Touch on unresolved issues. You don't need the details, just a feel for how many there might be and how long the client has been holding them.

How reflexology can help

Oxytocin

Oxytocin is one of the hormones released when we have reached a place of safety. It has a role in switching off the alarm response. Its production is stimulated by skin-to-skin touch, so hands-on treatments like reflexology can be encouraging to the production of Oxytocin, thereby contributing to the reduction of stress and fear.

The Relationship – Dos and Don'ts

For clients like Julie, the therapeutic relationship can be a very valuable part of the treatment, but we need to tread carefully:

Do:

- Help the client feel safe enough to face their fears.
- Help the client understand that they are not alone - they are not the only person who has experienced something like this and that you can be there to support them.
- Stress confidentiality.
- Understand that the client may need psychological holding.
- Provide a safe space for the client to feel what they need to feel, knowing you are there for them.
- Allow the client to tell their story in their own time.

Don't:

- Judge - in any way at all - voiced or unvoiced.
- Presume the client has the same psychology as you. Their responses may not be what you imagine.
- Try to fix the problem - sometimes what you need to do is hold.
- Let your curiosity hurry the client - allow them the space to voice their experiences in their own time.
- Presume you know what their story is. Go with what the client is actually saying and wait until they tell you more.

Traumatic hyperarousal can be highly debilitating and extremely difficult to contain once triggered. The best thing you can do if you suspect your client has an unresolved trauma is to refer them to a trauma specialist.

Nayna Kumari

BA (Hons), PGCE, RSA (Dip) MA MAR MBACP

www.nk-bodypsychotherapy.com

References:

1. Kathrin Stauffer Anatomy and Physiology for Psychotherapists. Connecting Body and Soul, Norton, London 2010 – p.53
2. Heide and Borkovec, 1983. Cited in Babette Rothschild, Help for the Helper. Norton, New York, 2006. p.117
3. From Traumatic Stress – published in September 2011 edition of Reflexions Magazine p.15-16